

Case Number:	CM13-0020777		
Date Assigned:	10/11/2013	Date of Injury:	01/31/2013
Decision Date:	01/07/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in chiropractic care and acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 25-year-old who was involved in a work related injury on 1/31/2013. The patient has sharp and constant low back pain that is worse with bending and better with rest. There is decreased range of motion with flexion and positive Vadal's test. The diagnoses are lumbar spine disc bulge with spinal stenosis. An NCV (nerve conduction velocity test) reveals sacroiliac radiculopathy and EMG (electromyogram) reveals L5-S1 radiculopathy. The patient has had oral medications, physical therapy, acupuncture, injections, lumbar spine support, and TENS (transcutaneous electrical nerve stimulator). The patient has a disc protrusions in L3-14 and L5-S1. It is noted that prior physical therapy has not been helpful. There is also a treatment note signed by a chiropractor on 6/21/13. It is unclear how many session of chiropractic the patient has had in the past and if there was any functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic care, once per week for six weeks, for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation section Page(s): 58 - 60.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, further chiropractic treatments after an initial trial are medically

necessary based on documented functional improvement. It appears that the claimant has had chiropractic treatment as there is a treatment note signed by a chiropractor. However functional improvement has not been documented and the number of visits is unclear. The request for chiropractic care, once per week for six week, for the lower back is not medically necessary.